## 

	in this information to	b identify your c											
	btor 2 ouse, if filing)					_							
	•	tcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA	Ą								
Case number 16-15509					_	Check if this is							
(If k	nown)			•			■ An amende □ A supplement 13 income	ent sho	,		chapter		
0	fficial Form	106I					MM / DD/ YYYY						
S	chedule I: `	Your Inc	ome								12/15		
spo atta Pa	rt 1: Describe	arated and you to this form.	are married and not filing wing spouse is not filing wing wing the top of any additions.	th you, do not inclu	ıde infori	nati	on about your spo	ouse. I	f more spa	ce is r	needed,		
1.	Fill in your emploinformation.	oyment		Debtor 1	Debtor 2	Debtor 2 or non-filing spouse							
	If you have more to	e page with ut additional	Employment status	☐ Employed		☐ Employed							
	information about employers.		, i,	■ Not employed	☐ Not e	☐ Not employed							
	Include part-time,		Occupation										
	self-employed wo		Employer's name										
	Occupation may in or homemaker, if		Employer's address										
			How long employed the	here?									
Pa	rt 2: Give Det	ails About Mo	nthly Income										
	imate monthly inco		ate you file this form. If	you have nothing to r	eport for	any l	ine, write \$0 in the	space	. Include yo	ur nor	n-filing		
	ou or your non-filing re space, attach a se		ore than one employer, co	ombine the informatio	n for all e	mplo	oyers for that perso	on on th	he lines belo	ow. If y	ou need		
							For Debtor 1		Debtor 2 on-filing spo				
2.			ary, and commissions (be calculate what the monthle		2.	\$	0.00	\$_		N/A			
3.	3. Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$		N/A			
4.	Calculate gross	Income. Add lii	ne 2 + line 3.		4.	\$	0.00	\$	N/	/A			

Debtor 1		Lea B. Strickler	-	Case number (if known)			16-15509		
				For	Debtor 1		For Debte		
	Cop	y line 4 here	4.	\$	0.	00	\$	N/A	_
5.	List	all payroll deductions:							
٥.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0	00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-		00	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$-		00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$		00	\$	N/A	_
	5e.	Insurance	5e.	\$		00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$		00	\$	N/A	_
	5g.	Union dues	5g.	\$		00	\$	N/A	_
	5h.	Other deductions. Specify:	5h.+	- \$			+ \$	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$		00	\$	N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$		00	\$	N/A	-
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross			<u> </u>	<u> </u>	<u> </u>	197	_
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$		00	\$	N/A	_
	8b.	Interest and dividends	8b.	\$	0.	00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$	0	00	\$	NI/A	
	8d.	Unemployment compensation	8c. 8d.	\$ 	1,048.	00	\$	N/A N/A	_
	8e.	Social Security	8e.	\$ 		00	\$	N/A N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:		\$		00	\$	N/A	_
	8g.	Pension or retirement income	8g.	\$ 		00	\$	N/A N/A	_
	8h.	Other monthly income. Specify: Family Contribution	8h.+	· —	800.		+ \$	N/A	_
	011.	Taning Contribution	_ 011.1		000.		· —	IN/A	- ¬
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,848.	00	\$	N/A	4
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	1	,848.00	<b>-</b> \$	N/	<b>A</b> = \$	1,848.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	1,01010
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00								
12.	Writ	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Vite that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it pplies  12. \$ 1,848.00							
								Combi	
13.		you expect an increase or decrease within the year after you file this form No.	?					month	ly income
		Yes. Explain:							

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